

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

Southern District of New  
York Division

Luis Jaime

Case No.

(to be filled in by the Clerk's Office)

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with full list of names.)

-v-

NEW YORK State Department of  
Corrections, Sullivan Correctional Facility  
Sergeant Klien, Officer L. Farr, Officer Garcia

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

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## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birthdate; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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# I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Luis Jaime

All other names by which  
you have been known:

ID Number

22B4805

Current Institution

Sullivan Correctional Facility

Address

325 Riverside Drive P.O. Box 116  
Fallsburg NY 12733-0116  
City State Zip Code

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Klien

Job or Title (*if known*)

Seargent, of New York State Corrections

Shield Number

N/A

Employer

~~Corrections Officer~~ Sullivan Correctional Facility

Address

325 Riverside Drive P.O. Box 116  
Fallsburg NY 12733-0116  
City State Zip Code

☒ Individual capacity ☐ Official capacity

Defendant No. 2

Name

L. Farr

Job or Title (*if known*)

Corrections Officer

Shield Number

N/A

Employer

Sullivan Correctional Facility

Address

325 Riverside Drive P.O. Box 116  
Fallsburg NY 12733-0116  
City State Zip Code

☐ Individual capacity ☐ Official capacity

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Defendant No. 3

Name  
Job or Title (if known)  
Shield Number  
Employer  
Address

Garcia  
Corrections Officer  
N/A  
Sullivan Correctional Facility  
325 Riverside Drive P.O. Box 116  
Fallsburg NY 12733-0116  
City State Zip Code

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name  
Job or Title (if known)  
Shield Number  
Employer  
Address

Holmes  
Corrections Officer  
N/A  
Sullivan Correctional Facility  
325 Riverside Drive P.O. Box 116  
Fallsburg NY 12733-0116  
City State Zip Code

☐ Individual capacity ☐ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. §1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)  
☒ State or local officials (a §1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. §1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Deprivation of Rights and privileges, Cruel and Unusual punishment, Excessive force.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

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N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. §1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

New York State Corrections at Sullivan Correctional Facility and officers Klien, L. Farr, Garcia and Holmes violated state regulations and state policy and procedure.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner  
☐ Other (explain) \_\_\_\_\_

### IV. Statement of claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.  
 At Harris Hospital in Caskills Sullivan County, Incident occurred inside the parking lot or On the parking lot, Approximate time Between 2:00 pm to 3:30 pm, on March 21 2024.
- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.  
 On the entrance where inmates arrive, Approximate time Between 3:30 pm to 5:30 pm, on March 21 2024.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

March 21 2024, Between times 2:00 pm to 3:30  
and 3:30 pm to 5:30 pm.

D. What are the facts underlying your claim(s)? (For example: what happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

On March 21 2024 As I am being rolled out the hospital in a wheelchair, Also recommended by a outside hospital, ~~Seargent~~ Officer Garcia, Officer L-farr, Seargent Klien and multiple unknown Officers dragged me in and out of ~~the~~ A van as I was hand cuffed and shackled. Officers Altered Surveillance while having unknown Assistance to block video Surveillance and Alter video Surveillance from entrance to Jail entrance to infirmary in the Jail to be exact. Body Camera's for my witness ~~at~~, Audio from Facility AS witness and Officer Holmes as A witness and her body Cameras

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I sustained multiple Allocations, ~~and~~ Scratches, Bruising, Swelling threw out my whole body and ~~left~~ Right leg. ~~now~~ I can not feel my right leg. Nurse Calvin is not documenting my injuries that I am claiming to her. I am currently in infirmary at Sullivan Correctional Facility being prescribed pain medicine, and I am currently on bedrest waiting for further medical treatment, waiting to see ~~Author pictures~~ Specialist and waiting on further testing.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, included the amounts of any damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I am Seeking \$500 million -dollars, for pain and Suffering, Emotional distress, Excessive force, Cruel and unusaul punishment, Abuse and inhumaine treatment.

I want ~~New York State Department~~ at the Courts to make sure this inhumane treatment and excessive force does not happend again at New York State Department of Corrections and to insure all body Cameras are on when I am being escorted to and from a Outside hospital.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"). 42 U.S.C. §1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or other Federal law, by a prisoner confined in any jail, prison or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievances procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

- ☒ Yes  
☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*Sullivan Correctional Facility.*

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

- ☒ Yes  
☐ No  
☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

- ☒ Yes  
☐ No  
☐ Do not know

If yes, which claim(s)?

*Excessive force, Cruel and Unusual punishment.*

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

☐ Do not know

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

Sullivan Correctional Facility.

2. What did you claim in your grievance?

Excessive force, Cruel and Unusual punishment.

3. What was the result, if any?

No response

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

No response to first grievance.

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F. If you did file a grievance:

1. If there are any reasons why you did not file a grievance, stat them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their responses, if any:

~~Sentry~~

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Grievance, notice of intent to file a Claim,

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it was frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A



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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

2. Court (if federal court, name the district; if state court, name the county and state)

3. Docket or index number

4. Name or judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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- ☐ Yes  
☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county and state)

3. Docket or index number

4. Name or judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

- ☐ Yes  
☒ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

**IX. Certification and Closing**

Under Federal Rules of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

April 1 2024

Signature of Plaintiff

Luis Jaime

Printed Name of Plaintiff

Luis Jaime

Prison Identification #

2234805

Prison Address

325 Riverside Drive PO. Box 116FallsburgNY12733-0116

City

State

Zip Code

**B. For Attorneys**

Date of signing:

N/A

Signature of Attorney

N/A

Printed Name of Attorney

N/A

Bar Number

N/A

Name of Law Firm

N/A

Prison Address

N/AN/AN/AN/A

City

State

Zip Code

Telephone Number

N/A

E-mail Address

N/A

SULLIVAN CORRECTIONAL FACILITY

P.O. BOX 116

FALLSBURG, NEW YORK 12733-0116

NAME:

LUIS JORDAN

DIN: 8234805

APR 05 2024

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Southern District of New York  
U.S. Courthouse  
500 Pearl Street  
New York, NY 10007

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